

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee

Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Date

1 0 0 1 2 0 0 8

Mailing Address

518 Garden Street

Amount

City

State

Zip Code

Santa Barbara, CA 93101

3 5 2 6

Purpose of Expenditure

Printing & Postage

Category/
Type 0 0 4

Office Sought:

☒ House

State: CA

☐ Senate

District: 23

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Calendar Year-To-Date Per Election
for Office Sought

4 0 0 2 9

Disbursement For:

☐ Primary

☒ General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Date

1 0 1 3 2 0 0 8

Mailing Address

518 Garden Street

Amount

City

State

Zip Code

Santa Barbara, CA 93101

1 5 6

Purpose of Expenditure

E-Mail Messages

Category/
Type 0 0 6

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Calendar Year-To-Date Per Election
for Office Sought

5 1 4 0 9

Disbursement For:

☐ Primary

☒ General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Date

1 0 1 3 2 0 0 8

Mailing Address

518 Garden Street

Amount

City

State

Zip Code

Santa Barbara, CA 93101

1 5 6

Purpose of Expenditure

E-Mail Messages

Category/
Type 0 0 6

Office Sought:

☒ House

State: CA

☐ Senate

District: 23

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Calendar Year-To-Date Per Election
for Office Sought

4 0 0 2 9

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 3 8 3 8

(b) SUBTOTAL of Unitemized Independent Expenditures..... 0 0

(c) TOTAL Independent Expenditures..... 9 1 4 3 8
(carry total from last page forward to Line 7)

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